

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000003448**

1. Entity Name

EMERALD TOWERS WEST OWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90106 004 ****70.00

Principal Place of Business

780 SUNDAIL COURT
 FT. WALTON BEACH FL 32548

Mailing Address

676 SANTA ROSA BLVD
 FT. WALTON BEACH FL 32758
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1333 MIRACLE STRIP PKWY

FT WALTON BEACH, FL 32548

32548

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3352221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, RON
 C/O ABBOTT RESORTS INC
 676 SANTA ROSA BLVD
 FT WALTON BEACH FL 32578

7. Name and Address of New Registered Agent

Name **KIM CLARK**
 Street Address (P.O. Box Number is Not Acceptable) **1333 MIRACLE STRIP PKWY**
 City **FT WALTON BEACH** FL Zip Code **32548**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUHLER, B M SHAW	
STREET ADDRESS	P O BOX 293	
CITY-ST-ZIP	COLIERSVILLE TN 38027	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POE, RONALD	
STREET ADDRESS	261 GERMANTOWN BEN COVE	
CITY-ST-ZIP	CORDOVA TN 38018	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, JANE	
STREET ADDRESS	497 DORSET BLVD	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILL, DOROTHY	
STREET ADDRESS	4027 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, GERRY	
STREET ADDRESS	RURAL ROUTE 3	
CITY-ST-ZIP	MENDOTA IL 61342	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERIDGE, STEVE	
STREET ADDRESS	2200 BOWMAN CIRCLE	
CITY-ST-ZIP	PELL CITY AL 35125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, RONALD	
STREET ADDRESS	261 GERMANTOWN BEN COVE	
CITY-ST-ZIP	CORDOVA, TN 38018	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM ANSON	
STREET ADDRESS	2412 Springdale Rd. #102	
CITY-ST-ZIP	WAUKESHA, WI 53186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronnie JACKSON	
STREET ADDRESS	4788 SANDPIPER LN.	
CITY-ST-ZIP	Birmingham, AL 32544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)